

EXHIBIT 2 – CITED PAGES
FROM DEPOSITION OF
PAUL MINNILLO, M.D.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

ALISON O'DONNELL,

Plaintiff,

vs.

CASE NO. 1:16-cv-2480
JUDGE DONALD C. NUGENT

UNIVERSITY HOSPITALS HEALTH
SYSTEM, et al.,

Defendants.

- - - -

Deposition of DR. PAUL MINNILLO, taken as
if upon cross-examination before Sarah Lane, a
Notary Public within and for the State of Ohio, at
The Spitz Law Firm, 25200 Chagrin Boulevard,
Beachwood, Ohio at 8:06 a.m. on Tuesday, October
10, 2017, pursuant to notice and/or stipulations of
counsel, on behalf of the Plaintiff in this cause.

- - - -

Stevenson Reporting Service, Inc.
2197 Macon Court
Westlake, Ohio 44145
440.892.8600 diane@nls.net

1 Q. Okay. And your next session with her was on May 3,
2 2011, correct?

3 A. Yes.

4 Q. Continuing to do well, she's less crippled by
5 anxiety, worry. So, once again, some positive
6 notes here?

7 A. Yes.

8 Q. Okay. Your next session with her was on the 27th
9 of May, correct?

09:47

10 A. Yes.

11 Q. Okay. Was that your last session with her?

12 A. It might have been. Yeah, I guess so.

13 Q. Do you know why -- do you recall a specific reason
14 why you stopped seeing her or she stopped seeing
15 you?

16 A. No. Oftentimes that's one of the biggest struggles
17 that people in my work have is that we hope that
18 when we don't -- this is a lot of -- I mean, this
19 is a lot of therapy and this is a lot of dedication
20 for a person to do and sometimes we don't get to
21 know why. I just assumed, oftentimes, that they're
22 firing me because they're feeling better. That's
23 my hope, at least.

09:47

24 Q. Other than what we see as the last note of May 27,
25 2011, do you recall whether you have spoken to

1 Q. Somewhat respected, highly respected?

2 **A. Very respected.**

3 Q. Okay. I'm seeing that they say the percentage of
4 Americans suffering from anxiety disorders, adults,
5 range from 18.1 percent to as high as 30 percent;
6 is that a fair statement?

7 **A. That sounds reasonable.**

8 Q. So this isn't -- we're not talking anxiety
9 disorders as one in a hundred; we're talking about
09:59 10 this is three out of every ten people walking
11 around?

12 **A. I believe so. In phase of life it's going to be**
13 **even higher than that.**

14 Q. Okay. So this is -- I mean, I heard a lot of the
15 things that you said. I guess, I would say,
16 obviously it ranges from one to ten on there on the
17 disorder --

18 **A. Yeah.**

19 Q. -- on how much it impacts your life, but as you
10:00 20 said, everybody suffers from anxiety at times,
21 right?

22 **A. Yes.**

23 Q. If you didn't suffer some anxiety at times, there
24 is probably a problem with you, right?

25 **A. Correct.**

1 don't know what Lexapro does, but I guess I look at
2 it and I think if I'm going to see a physician and
3 that physician were to be on some psychiatric
4 medicine or who knows what medicine, I guess, I
5 would say I hope UH would at least know because, to
6 me, how am I going to know if that doctor's able
7 treat me appropriately?

8 **A. That's why it's contingent. You mentioned Lexapro,**
9 **but Klonopin is a Schedule II. That's something to**
10 **pay attention to. Is there need to inform? I**
11 **don't know, but some of the physicians who are on**
12 **medication, like bipolar disorder, they do need to**
13 **inform because I've worked with them through the**
14 **process. I think it depends on maybe, check with**
15 **Adan, their diagnosis and what medicine it is.**

16 Q. What's a Schedule II?

17 **A. Schedule II is drugs that have a highly**
18 **addictive -- high -- like amphetamines or**
19 **benzodiazapine or things like that.**

20 Q. Okay.

21 **A. High addiction rate.**

22 Q. Now, you said when you were asked about the work
23 restrictions, you were asked by Mr. Bean, you said
24 that if she would have raised something you would
25 have sent a letter or put a letter.

1 **A. Absolutely, yes.**

2 Q. Can we assume that your records would mention a
3 letter or they'd be in the file if you sent one?

4 **A. Yes.**

5 Q. So from looking at your records, was there any
6 letter sent to any of her employers?

7 **A. No.**

8 Q. By you?

9 **A. No.**

10:05 10 Q. And, I guess, when I look at it, if we look at a
11 few of the different things in here as to work, the
12 only things that I see at work -- and, I guess,
13 let's go through some of them as to work.

14 I see October 13, 2010, and my quote is,
15 "Positive feedback, although still described quiet
16 at work." Do you see that?

17 **A. Yes.**

18 Q. And I assume that aside from your note -- and
19 that's actually Adan as to that?

10:06 20 **A. Yes.**

21 Q. So you can't give us anything more as to that.
22 Then December 8, 2010, and this is you, and there
23 you have, "Doing well at work."

24 Do you see that quote, December 8, 2010?

25 **A. Yes, yes.**

1 Q. February 9, 2011, and it says, "Recognizes the
2 positive feedback she receives at work." Do you
3 see that?

4 **A. Yes.**

5 Q. And then September 6, 2011, which is, I believe,
6 our -- close to our last -- or September 6, 2011,
7 that's actually Adan again, and that's where she
8 says, "Much less anxious in social situations, able
9 to be social." But that wasn't your record, right?

10:07 10 **A. Right.**

11 Q. Okay. And you're welcome to look through it, but
12 what I see on here throughout all of your records,
13 39 meetings with her, I don't see anything where
14 she is reporting to you, at least -- well, let me
15 take a step back.

16 On your notes -- obviously, when you say 45- to
17 50-minute individual psychotherapy and you only
18 have three lines, presumably you guys talked about
19 a lot more, right?

10:07 20 **A. Yeah.**

21 Q. What do you typically take from that conversation
22 and put into the notes?

23 **A. Yes. And you'll notice the difference between**
24 **myself and the psychiatrist. Their data points**
25 **more to bits of information: Boom, boom, boom,**

1 boom. For my help, I look at themes and
2 conceptualizations. I take the content and kind of
3 assemble it in a way where I can read and see where
4 we're going, a general trend.

5 Q. Okay. Okay. So most certainly, if she was saying
6 to you work was hell, like she said that medical
7 school was hell --

8 A. Yeah.

9 Q. -- that probably would be a theme if she was coming
10 in every day to every appointment --

11 A. It would be.

12 Q. -- saying, "Work is hell," I can't imagine we
13 wouldn't see that.

14 A. Yes.

15 Q. If she's saying that a certain supervisor is
16 causing her problems at work, would that start
17 being put in there, that, maybe not by name, but
18 saying that a supervisor is causing her problems?

19 A. Yes.

20 Q. Would you be surprised if she was, for example,
21 saying that I'm -- like, let me ask you.

22 If somebody came in and said, "I think I'm
23 being treated unfairly at work; they're giving me
24 bad reviews and this is an ongoing issue," would
25 that be something that you would likely put in your

1 themes?

2 **A. Patient struggles with tension or feedback with**
3 **work, you know, so I would take the content and,**
4 **you know, sync it up.**

5 Q. How about saying, for example, something like, "I'm
6 being discriminated against," would that be
7 something you would start --

8 **A. Yes.**

9 Q. -- saying was a theme and put that in there?

10:09 10 **A. Yes.**

11 Q. If she believes that somebody was not only treating
12 her unfairly, but doing it because of her race or
13 sex, that certainly would be something that you're
14 going to talk to her about?

15 **A. Yes.**

16 Q. Does the absence of those mean that it was not
17 addressed at all or simply maybe she touched upon
18 it? Where do you see that?

19 **A. If it was a theme in our work it would be in that**
10:09 20 **note in that fashion. Those are important areas,**
21 **you know.**

22 Q. So the absence of them, I guess, means that they're
23 not themes. What's a theme; that you say it over
24 and over?

25 **A. No. If it's in there and it's presented as a**

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for
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3453772

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7/7/09

90801. Initial evaluation

Allison is a 30 yo AA female physician single with no children, self referred (my web site) for anxiety issues.

Present Problem: Allison has always been shy with poor self esteem . She constanlty compared self to others, believes that is she not enough not matter what she accomplishes and has difficulties to assert herself and speak out. She is a "people pleaser" . She experiences physical symptoms of anxiety around social situations (heart racing, sweating, speaking fast, poor concentration , mond going blank, jittery) and has anticipatory anxiety. Her condition is getting worst and she has consequences both professionally (people do not know how much she knows, refuses and avoids promotions,...)and personally (avoids social situations, no dating never been in a bar but once,...).All of theses is coloring negatively her mood, she gets sad and frustrated, feeling she is missing out of life. She frequently feels guilty and feels she is not doing enough. No compulsions or obsessions. No anhedonia. No problem with temper or anger. No signs of mania or hypomania.

Past HX

She tried a few years ago zoloft 50 mg with good results with weight gain. No hx od SA. No CD. No Admissions. no hs of counseling.

Family HX. "my dad is a little shy but is ok wiht it" No CD No SA. No mood disorder

Social/occupational HX

She grew up in Michigan , raised by bilogival parents. Dad os a cardiologist> Mom is a Physical therapist and stopped working when Allsion was 3. Her younger sister is In med School is Cincinatti. No historo of trauma, abuse or bullied. No legal problems. Good student. Graduated HS. Under Grad in Michigan (biology) Master in genetics and medical school. Just finished residency at CCF in pediatrics. will start a fellowship at UH next year in peds enocrinology. Will work in ED (Hillcrest) until then. No dating, last relationship was 2 years ago, woul love one. "Vaguley Christian". No smoking. Less then a coup of coffee a week . 3 drinks a year.

Hobbies: horse riding, owes one in metor and figure skating, used to compete
Few friends. Exercising regularly with personal trainer 3/week.

Medical hx: 160 lbs 5.5 F. NKDA. No meds currently. Takes MYI, CA, Fish oil. No history of cardiac condition, seizures or endocrinologic problems. menses are regular. No OBC (not sex active)

Mental Status exam: Alert, oriented times 4. Nicely dressed, appearing her age. Anxious, speaking fast and sweating profusely. Above overage IQ. Motivated and invested. good eye contact. No psychotic sx. no racing thoughts. No SI/HI. Good judgement and Insight.

Target SX: Anxiety, discomfort in social situations, avoidance of social situations and poor self esteem

IMP:Social Anxiety Disorder

Rec: Will start Lexapro 2.5mg for 5 days increase to 5 mg for 7 days followed by 10 mg daily after that, Discussed side effects, alternatives, risks and benefits. Review relaxations techniques, positive affirmations and benebits of CBT. Will continue with exercise. Will check labs (including TSH). Follow in 3-4 weeks. Gave email and cell phone info for ? and emergencies.

Lexapro10mg 30 and 1 ref. Francoise Adan MD

7/13/09

email note 7/13/09

patient reports some increase anxiety since started lexapro. I reccomended to lower the dose and



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switch to the morning. Labs showed low vit D and high creatinine, I recommend f/u with PCP. Francoise Adan

7/28/09 90805 30 min for med check and psychotherapy
Reports feeling better. taking 10 mf lexapro, the side effects subsided.
Will start to work in 2 weeks
Exercises regularly, rides her horse when she can.
Started vit d3 5000UI and I recommended f/u with pcp for elevated creatinine
Feels less anxious. Feels less avoidant, thinking about social interactions.
Morning are better then evenings.
NO SI or no HI
NO CD issues
NO new med problems
Future oriented
IMP. Social Snxiety Disorder
PLAN Lexapro 10 mg
referred to CBT
Discussed breathing techniques and relaxations techniques
exercise
vit d3
f/u with pcp
reviewed side effects/risks an alternatives
Francoise Adan MD

8/4/09 300.23 - 90801 Initial Evaluation, 50 minutes.
Talked about the symptoms, process and evolution of her social anxiety (see above notes), the fears and worries associated with engagement with others and the world, and the ways her defenses, particularly avoidance, serve both as protection and barrier. We talked about ways therapy can help with exposure, cognitive restructuring, mindfulness, CBT strategies, and enhancing her self-esteem. Follow up in 2 weeks. P.Minnillo, Ph.D.

8/18/09 90805
Improving , feels medications is helping . Started CBT and "feels it is going to happen".
Exercises and feels beeter after that
Sitll anxious in social situations and has avoidance
Looking at job offers, will start in Sept
discussed and practiced breathing exercise and mindfulness techniques

No Cd issues
no SI no HI
IMP
Social anxiety ds
PLAN
Same plan
lexapro 10 mg 30 and 2 ref
add klonopin 0.5 1/2 to one po bid prn 30 w no refi; discussed side effects/alternatives/risks/benefits

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f/u on 4 weeks
CBT
Francoise adan MD

8/18/09 90806 45-50 Min Individual Psychotherapy
Talked through her hierarchy of anxiety and set short-term goal of recognizing and recording her automatic thoughts, looking over ways to refute them, and how they inform her belief system. Follow up in 2 weeks. P.Minnillo, Ph.D.

9/1/09 90806 45-50 Min Individual Psychotherapy
Talked about how she greatly benefits from her striving towards perfection. She is still within the precontemplation/comtemplation stages, but will continue to work on recognizing and taking note of the ways she benefits and stays safe with her struggle. Follow up in 2 weeks. P.Minnillo, Ph.D.

9/17/09 90805 med check and brief psychotherapy

better, feels less anxious when talks to others , still residual anxiety and anticipatory anxiety, some avoidance
mom give positive feedback
preparing to start to work but taking advantage of her free time as well
never anxiety free
attempted to exercise
CBT w dr Minillo
getting insight about cognitive distortions
practices breathing and mindfulness techniques

denies side effects
takes vit D

IMP
Social Anxiety Ds

Plan
reviewed side effects/alternatives/risks/benefits
discussed mind/body connection
discussed breathing and mindfulness techniques
reviewed d3 regimen and will repeat blood work
CBT
exercise
encourage pt to increase social activities and participation
f adan Md
Klonopin prn (has only taken 3 since last visit)

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- 9/17/09 90806 45-50 Min Individual Psychotherapy
 Talked through her 'Impact statement' related to her perfectionism, how it has interfered with her desire to live a balanced life with the ability to engage with others socially and manage to tolerate her mood and anxiety better. Follow up in 2 weeks. P.Minnillo, Ph.D.
- 9/28/09 90806 45-50 Min Individual Psychotherapy
 Talked about her success with 'going outside the lines' with drawing, parking, and wearing different colored socks. Will continue to work through her hierarchy of fears/anxiety, next session will report back how eating in public went. Follow up in 2 weeks. P.Minnillo, Ph.D.
- 10/12/09 90806 45-50 Min Individual Psychotherapy
 Talked through her 'eating in public' homework and how she succeeded in being able to engage and complete the activity. Talked through the origin of her struggle with food, restricting, and how this impacts and relates to her striving towards perfection. Next assignment will be to go eat in public together for 20 minutes. Will call with her availability. P.Minnillo, Ph.D.
- 10/26/09 90806 45-50 Min Individual Psychotherapy
 Talked through her previous homework. Made important breakthrough in admitting she felt irritated with me for not recognizing the efforts involved in coming in and working on making the changes she would like to see. Continues to struggle with her rigid beliefs of wanting to be perfect and pleasing others as the means of self-sufficiency. Follow up in 2 days. P.Minnillo, Ph.D.
- 10/28/09 90808 75 Min Individual Psychotherapy
 Went to conduct en vivo exposure therapy at the cafeteria with Allison. She and I continue to work through her hierarchy of anxiety, level 5/10 eating in public. We ate for over 30 minutes with discussion of anticipatory anxiety, the experience, as well as recap last session. Follow up in 2 weeks. P.Minnillo, Ph.D.
- 11/9/09 90806 45-50 Min Individual Psychotherapy
 Reviewed pt's reaction to exposure therapy. States that it felt good to confront situations of moderate anxiety - eating in public. Agreed to continue once a week and journal. Talked about her lack of assertiveness in situations that she wishes she acted differently. Explored alternatives and 'lessons' to take forward. Follow up in 2 weeks. P.Minnillo, Ph.D.
- 11/9/09 90805 for med check and brief psycho-30 min
 Partial results, still anxiety
 Started to work
 Counseling ongoing
 Sx are still better but much less, manages it better
 denies side effects from meds
 takes klonopin before therapy
 Still limited social life and impairment secondary to anxiety in personal and prof life

IMP

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Social phobia

vut D 36 (recommend MVI)

PLAN

Increase lexapro to 15 mg to 20 mg 30 2 ref

CBT

K for severe anxiety

discussed side effects/alternatives/risks/benefits

- 11/24/09 90806 45-50 Min Individual Psychotherapy
Talked through her sense of therapy minimally working, but that she has much more to go. Talked through her life 'shoulds' and 'basic rights' as a person to get a better gauge of her self-esteem. Talked about how mom has been verbally abusive and the toll its taken. Follow up in 2 weeks. P.Minnillo, Ph.D.
- 12/8/09 90806 45-50 Min Individual Psychotherapy
Talked about steering therapy into the direction towards her unhealthy attachment towards mom. Recognizes that mom is both the most important person in her life and the most damaging. Began to unpack her decision-making, costs and benefits of change. P.Minnillo, Ph.D.
- 12/21/09 90806 45-50 Min Individual Psychotherapy
Talked about her recognition of progress being made slowly, but was quick to point out that she has a 'long way to go'. Talked about the benefits of journaling so she can recognize and have concrete data of when she is able to confront her social anxiety successfully. P.Minnillo, Ph.D.
- 1/5/10 90806 45-50 Min Individual Psychotherapy
Very good work. Talked through her thought record and how she gained a valuable insight into her relationship with mom. She came to understand that mom's way of showing that she cares can be interpreted as overbearing and controlling. We also processed 2 weeks of thought records including situations that caused discomfort, emotional reaction, and way she coped/alternatives. Doing better job at catching maladaptive cognitions. P.Minnillo, Ph.D.
- 1/5/10 90805 30 min med check and brief pschy
better since increased the lexapro to 20 mg
takes klonopin about 2/month
practicing CBT, found very helpful
still plenty of residual anxiety but resistant of increase the meds
no cd issues

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enjoying her work, working PT in the evening and will extend her work in the summer
limited social life, still some avoidance
no si no hi
no side effects
practices tension release exercise

IMP
Social anx ds

PLAN
CBT
encourage pt to increase the meds but pt prefers to wait
relaxations techniques
lexapro 20 30 one ref
f/u in 4-6 weeks
fadan md

- 1/20/10 90806 45-50 Min Individual Psychotherapy
Practiced 'stream of consciousness' exercise and free association to allow herself to tolerate discomfort in the moment. Shared anxiety levels being around 8.5 yet recognizing her ability to tolerate significant distress. Went through 'top 10 commandments' of her life and highlighted areas in which were helpful or not helpful in working towards her goals in therapy. P.Minnillo, Ph.D.
- 2/1/10 90806 45-50 Min Individual Psychotherapy
Good work. Processed that working hard to achieve her moms goals, in the long and short term, wont make her happy. Talked about ways she could positively reinforce her efforts as to take advantage of her hard work more positively. P.Minnillo, Ph.D.
- 2/15/10 90806 45-50 Min Individual Psychotherapy
Talked through her anger and feeling rejected last session when I challenged her to take ownership of the direction of our therapy. We highlighted the important insights she made regarding the futility of finding happiness while striving towards moms goals. We also talked through the progress she has made in the very ability to share her anger and frustrations with me. She left not feeling abandoned, but that we were able to talk through misunderstandings by her facing her fears and processessing them in therapy. Good work. P.Minnillo, Ph.D.
- 2/15/10 90805 30 min for med check and brief psycho
working and likes it
therapy ongoing w r minillo
anxiety is better, still residual sx but notices some improvement
no side effects

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benefits from increase of medications
healthy and no new med problems
takes klonopin prn , when has cbt
discussed the pro and cons of increase medication, pt is hesitant although i support the increase since
sx are still present
pt is incredibly resilient and is facing her fears despite a great level of anxiety (: i able to talk to
someone in the line of groceries store...for the first time!)
exercises
consider meditation, not fitting her schedule right now.

IMP

social anxiety ds

PLAN

same plan for now

meditation class to consider

f/u in 4-6 weeks to consider increase of meds

fadanmd

- 2/17/10 faxed to the Drug Store 800-373-6013 Lexapro 20mg 1/g #30 DAW 1 refill. Per Dr Adan/mpollack
- 3/2/10 90806 45-50 Min Individual Psychotherapy
Good work. Did priority/values exercise - ranked family, love, happiness, and friends 1-4 as most important. Will journal about key insight that if she was perfect, then she would be lovable or that if she found herself lovable, then she wouldn't need to be perfect. Follow up in 2 weeks. P.Minnillo, Ph.D.
- 3/16/10 90806 45-50 Min Individual Psychotherapy
Did good work around her low-self esteem impacts, seems to prohibit her from opening herself up to new relationships for fear of rejection. We discussed focusing the next couple sessions on self-acceptance and being non-judgmental towards her shyness and discomfort around others. Homework is to identify 7 positive characteristics of self. P.Minnillo, Ph.D.
- 3/30/10 90806 45-50 Min Individual Psychotherapy
300.02 - Talked about how she feels guilt about sticking up for herself and how she feels the tension between legitimizing her right to be assertive and have healthy boundaries and to 'bully' herself in response. Good work in gaining insight, will continue to actively work on refuting unhealthy thought processes that feed into her emotions, particularly guilt. P.Minnillo, Ph.D.
- 4/12/10 90806 45-50 Min Individual Psychotherapy
Pt. recognized her resistance to processing her struggle with medical school which she describes as 'hell' and other powerfully negative descriptors. She realizes that she focused her anxiety in areas she could be successful while getting herself off the hook for relationship work as she was always able to be busy in med school. P.Minnillo, Ph.D.

faxed to THE Drug Store Lexapro 20mg 1/d #30 1 refill per Dr Adan/mpollack

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4/22/10

4/26/10 90805 med check and brief psycho
CContinues to slowly improve
working really hard in therapy and making progress
residual anxiety
attending meditation clas, very stressful but finds the techniques helpful;
denies SE
Takes Klonopin vary rarely
Will start fellowship in July 3 years, likes her work in ER
Still severe social anxiety, disabling...limited social life
IMP
saical anxiety
PLNA
klonopin prn
reviewed side effects /alternatives/risks/benefits
increase lexapro to 30 mg 45 and 135tablets
fadan md

4/26/10

90806 45-50 MIN INDIVIDUAL PSYCHOTHERAPY
Talked about feeling frustrated by my process statement that I often lead conversations when it could be helpful for her to inform therapy as to what is more helpful to discuss. Worked through in session, was helpful for her to express negative feelings and trusting it being ok. Will work on not being as harsh and critical on herself. P.Minnillo, Ph.D.

5/10/10

90806 45-50 MIN INDIVIDUAL PSYCHOTHERAPY
Pt came in and talked through her homework of capturing negative thoughts, coming up with viable alternatives, talked through her feeling about '50%' where she would like and happy with the progress she has made. Next assignment is to focus on positive aspects of herself. P.Minnillo, Ph.D.

5/21/10

I have been on the increased dosage (30mg) of Lexapro for approximately 3 weeks. I have not noticed a significant reduction in my anxiety; however, I have noticed decreased energy and lack of motivation. Do you think I still need time to adjust to the dosage change, or should I go back to 20mg?

Thanks,
Allison Matthews
p/20 mg
fadan md

5/26/10

90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
Pt. talked through the positive attributes exercise. Recognizing that she has strong defenses that protect her from closeness and intimacy with others. That tension seems to work against her goal by

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protecting her from rejection and general uncomfortableness. Recognizes that in order for her to make substantial progress, she will have to address her defense and avoidance strategies. P.Minnillo, Ph.D.

- 6/8/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
 Pt talked about our sessions being simultaneously enlightening and frustrating in response to increased understanding about the basis of her behavior but stating she lacks understanding on how to change this. We went deeper here and realized that she does know what would be helpful to change, but that it would be tremendously anxiety provoking as it would be scary. P.Minnillo, Ph.D.
- 6/21/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
 Discussed her homework on processing reactions she has towards others and her emotional reactivity. Stated that she struggled similarly with most people she encountered, while recognizing that at the level of cognition, this should not be the case. Continues to explore the benefits of avoidance, especially protection from intimacy which is terrifying to her. P.Minnillo, Ph.D.
- 6/30/10 90805 med check and brief psycho
 Doing 50 % better since beginning of RX
 Still residual sx and hesitant about taking klonopin
 reviewed importance of self care, cbt and alternatives meds
 pt prefers to stay with what is for no
 discussed breathing techniques and benefits of meditation and exercise
 will start fellowship tomorrow
 encouraged her to increase her support and pursue cbt even her schedule will be full
 IMP?plan
 reviewed plan and recommendations / same as last visit
 fadan md
- 6/30/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
 Talked about beginning the process of moving towards activities that will allow her the opportunity for joy while minimizing the time spent on being critical and negative towards self. Will confront fears of going to orientation and journal how her experience compared to her level of fear. P.Minnillo, Ph.D.
- 7/19/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN
 Pt talked about ways she could continue to build upon her successful confrontation and working through of an anticipated stressor linked to irrational fear. Came up with the thought of exploring creativity and how that may loosen her wish for perfectionism as well as confront her inner voice of judgement. P.Minnillo, Ph.D.
- 7/28/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN
 Talked through her new insight into perceiving herself as being impatient. Is becoming aware that her constant striving to do more things may be loading into her anxiety, not just the perception of relieving it. Discussed practical ways to test her impatience by recognition and awareness into recognizing

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early and more often. P.Minnillo, Ph.D.

- 8/18/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN
Pt discussed her struggle with making behavioral and cognitive adjustments towards acceptance for fears of losing control or not being able to manage the consequences of accepting all things are not in her control. P.Minnillo, Ph.D.
- 9/1/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN
Talked about the pros/cons of her anticipatory anxiety and how she stands to gain via motivation and action, yet she is beginning to question the viability or necessity of her worry. She believes she can function as well, perhaps better without it. Will work on concrete ways to attempt to dilute its potency. P.Minnillo, Ph.D.
- 9/24/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
Patient is doing better, less anxiety, but feels 'room to go'. Talked about cultivation of three goals: working on ways to enjoy herself and have fun, read homework 'revenge of the introvert', and beginning to journal activities that impact her anxiety levels. P.Minnillo, Ph.D.
- 9/28/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
Started to concretize plan for working on both acceptance of aspects of her person that are relatively stable/temperamental and those aspects she would like to continue to work on as it relates to managing her anxieties around people. P.Minnillo, Ph.D.
- 10/13/10 90805 med check and brief psycho 30 min
Doing better
Working and a little bit more social
Residual sx on anxiety
Stressed by work's responsibilities and demands
Exercising 4 times a week therapy ongoing w benefits
Positive feedback enough still described quiet at work
takes klonopin once a week
no or little etoh
IMP
Social anxiety ds
PLAN
increase frequency of klonopin and leave lexapro CBT and same recommendations
f/u in 8 weeks
fadan md
- 10/13/10 pt signed private pay acknowledgement /ksealey
- 10/29/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
Went over euogy written last year to gauge the progression of her ability to manage anxiety, be more

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resourceful in coping, and cultivate relationships that are edifying. Work continuing on not needing to have 'theory' or 'structure' to provide her relief in session. P.Minnillo, Ph.D.

- 12/8/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
 Pt recognizes that she is doing much better - less anxious, less criticism, doing well at work, but recognizing the benefit of balance and will be moving to reduce some of her work time and use it for her personal/leisure time. P.Minnillo, Ph.D.
- 12/22/10 90806: INDIVIDUAL PSYCHOTHERAPY, 45-50 MIN
 Talked about her progress and how she would like to manage her anxiety while preserving the benefit of planning and preparation. Will consider alternatives to 'productivity' as priority including time for self and being more in the moment. P.Minnillo, Ph.D.
- 2/8/11 90805 med check and brief psycho
 Doing OK
 Still residual anxiety, denies any specific triggers
 Denies SI or HI
 Denies SE
 Lexapro 20 mg and uses klonopin about once a week
 Exercising, horse riding, figure skating, started yoga
 Planning , hoping to go to Nationals for skaing in the adult category next year!
 Social life has improved as well, no dating
 Denies CD
 No new med issues
 IMP
 Social phobia
 PLAN
 reviewed se r b a
 discussed alternatives as neurontin
 enxoruage pt to exercise and rpactice relaxation techinques
 support pt to use klonopin more fequently
 therapy
 lexapro 20 mg for now as pt is reluctant to introduce a change and has improved
 fadan md
- 2/9/11 90806: INDIVIDUAL PSYCHOTHERAPY, 45-50 MIN
 Met with patient to work on ways she can validate the good work she is doing at work with patients, recognize the positive feedback she receives at work, and the intrinsic motivation of a job well done. This process would be in the service of practicing the refuting of her negative self-talk and gain greater perspective to the whole of her experience. P.Minnillo, Ph.D.
- 2/28/11 90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN
 Met with pt to discuss a plan for her to confront her fear of failure in a way that offers the opportunity to not 'be on' and space to explore not being perfect. She chose to allow herself to sleep in for 30

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minutes longer in the morning as she recognizes the benefits of rest as important for the demands of her life. P.Minnillo, Ph.D.

- 3/30/11 90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN
 Met with patient to talk through her understanding of how her anxiety has changed over the course of the last month. She seems to be able to cope more effectively with stress and doesn't express that her daily activities are overwhelming. She took the burnout assessment and scored low highlighting her resolve and capability to endure and perform despite her struggle. P.Minnillo, Ph.D.
- 4/28/11 90805 med check and brief psycho
 30 in
 Doing well
 No CX
 Working
 Healthy, no new meds
 Denies SI or HI
 Denies SE
 Feels benefits from meds
 Therapy ongoing w benefits
 Takes klonopin prn for presentation and when comes for therapy
 Not exercising regularly
 Socializing a little more, it is easier to talk to people
 IMP
 Social Phobia
 PLAN lexapro 20 90 3 r
 klonopin .5 30 no r
 CBT
 LABs, request given to pt
 reviewed se r b a
 fadn md
- 5/3/11 90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN
 Continuing to do well. Shared that she is feeling less crippled by anxiety/worry. Willing to spend time logging the ways she appreciates the good in life and gratitude for her hard work in response to mitigating her anxiety in an alternative fashion. P.Minnillo, Ph.D.
- 5/17/11 E-Rx to BioScript 800-677-5976 Lexapro 20mg 1/d #90 1rf per Dr Adan/mpollack
- 5/27/11 90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN
 Met with pt to continue exploring her guilt and selfish feelings to deconstruct according to the situation and how her feelings arent factual assessments, but rather a product of her tendency to misinterpret and make decisions to feel better and be liked by others. P.Minnillo, Ph.D.

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9/6/11 90805 med check and brief psycho 30 min
Doing OK
NO new meds/ takes lexapro 20 mg
She feels anxiety is much better
Much less anxious in social situation and able to be social
Denies SE
Denies SI or HI
exercising daily
Takes klonopin when needs to present or when anxiety is severe (3 in one months)
Therapy not as regular, not in 3 months, practices CBT on her own
Planning for a vacation next week
Working, busy , stressful
started to date/ boy friend for 6 m
IMP
social phobia
PLAN lexapro 20 mg 30 5
klonopin .5 prn 30
CBT
labs/ did not do since last visit " forgot"
exercise and healthy diet
reviewed se rb a
fadan md

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11/8/2009 7	1/5/2010 8	2/15/2010 9	4/26/2010 10	6/30/2010 11	2/8/2011 12

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Visit Date	7/7/2009	7/7/2009	7/28/2009	8/18/2009	8/18/2009	9/17/2009
Visit Number	1	2	3	4	5	6
Lithium Dose						
Lithium Level						
Side Effect						
Side Effect						
DVPX Dose						
DVPX Level						
Side Effect						
Side Effect						
MoodStab						
MoodStab						
MoodStab						
MoodStab						
RATINGS						
QIDS			7	7	8	5
Rating 2						
Rating 3						
Rating 4						
MISC. MEDS						
lexapro	LEXAPRO 1	10mg/30	10mg/30	10mg/30	10mg/30	10mg/30
klonopin				0.5	0.5	0.5
drug 3						
drug 4						
drug 5						
drug 6						
drug 7						
drug 8						
drug 9						
drug 10						
drug 11						
drug 12						
drug 13						
drug 14						
drug 15						
drug 16						
drug 17						
drug 18						
drug 19						
drug 20						

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